

**Whitlock, C. Michelle**

---

**From:** Stephens, Harvard W.  
**Sent:** Friday, January 04, 2008 1:57 PM  
**To:** Whitlock, C. Michelle  
**Subject:** RE: Diet Order

Diet approved as requested.

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**From:** Whitlock, C. Michelle  
**Sent:** Fri 1/4/2008 9:57 AM  
**To:** Stephens, Harvard W.  
**Subject:** Diet Order

Inmate George Delaney #374390, DOB 60 was recently admitted to MCV for chronic ulcerative colitis. He was discharged with a diet order for the

following: No processed foods, spicy foods raw vegetable, oranges, apples, cornflakes, boiled eggs, cheese, beans, peanut butter or any type of nuts.

According to Food Service the Medical Department has to get approval from Richmond for this special diet. I wasn't sure who to address this issue to.

Please let me know if I need to contact someone other than you.

Thanks

Michele

1/4/2008

[ 00176 ]



VIRGINIA DEPARTMENT OF CORRECTIONS  
Problem Sheet

Effective Date: Revised  
ing Procedure# 722 Attac

## PROBLEM SHEET

Institution: Lunenburg Correctional Center	
Name: <u>Delaney, George</u>	No: <u>374390</u>
Allergies: <u>NKDA</u>	DOB: <u>60</u>

**Chronic Medical History:**

( ) ASTHMATIC

( ) BLOOD PRESSURE ( ) HYPERTENSION ( ) HYPOTENSION

( ) CARDIAC

( ) DIABETIC ( ) INSULIN DEPENDENT ( ) NON-INSULIN DEPENDENT

( ) HEPATITIS ( ) A ( ) B ( ) C

( ) HIV/AIDS

( ) CANCER Type: ⊕ 2009

( ) PULMONARY

( ) SEIZURE DISORDER

( ) SMOKER ( ) NON-SMOKER

( ) HOUSING ( ) BOTTOM BUNK

( ) CURRENT MEDICATION(S): See Current MAR

( ) OVER 60 y/o

☒ OTHER: Ulcerative Colitis  
Colostomy 2003 (1997)

\*WRITTEN TREATMENT PLAN—SEE CHRONIC CARE GUIDELINES

[ 00177 ]

Revision

## Augusta Correctional Center

Commonwealth of Virginia  
Department of Corrections

## Weight Flow Sheet

Inmate Name: IdaneyInmate #: 374390

Date	Weight	Signature
<del>1/5/08</del>	159	<i>Jr</i>
<del>2/24/08</del>	176 1/2	<i>Jr</i>
<del>2/25/08</del>	176 1/2	<i>Jr</i>
<del>2/28/08</del>	174	<i>Jr</i>
<del>3/3/08</del>	174 1/2	<i>Jr</i>
<del>3/6/08</del>	176	<i>Jr</i>
<del>3/10/08</del>	176	<i>Jr</i>
<del>3/13/08</del>	No show - Says he did Officer would preweigh	<i>Jr</i>
<del>3/17/08</del>	170	<i>Truisey Jr</i>
<del>3/28/08</del>	Refused	<i>Jr</i>
<del>3/28/08</del>		
<del>3/31/08</del>	170	<i>Jr</i>
<del>5/10/08</del>	185	<i>Idaney</i>

ConsultRequest

Page 1 of 1



Virginia Department of Corrections  
QMC System: Consultation Request Form

For security reasons, inmates must not be informed of date, time or location of proposed treatment or possible hospitalization

User: WhitlockCM; Designee

Inmate Number: **374390** Search Request Status: **Approved**  
 Medical ☒ Dental ☐ Date Opened: **12/07/2007** Date Completed: **12/09/2007**

Patients Name: Delaney, George Sex: Male Race: Black  
 DOB: **0** /1960 Medical Class: Any Activity Mandatory Release Date: **00**  
 Patients Location: Augusta Correctional Center  
 Referring Practitioner: MarshR  
 Contact Name: WhitlockCM  
 Contact Phone Number:  
 Site Phone Number:  
 Requesting Practitioner's 804-444-6666  
 Best Time to Call: Midnight

Type of Consultation, Treatment or Surgery: (Required Field)

BE @ MCV

History of Present Illness: (Required Field)

47 yr. old w/ ulcerative colitis. S/P dolostomy w/ hx. of intermittent bowel obstruction.

Pertinent Physical Findings: (Required Field)

Abdomen + BS, Weight stable.

Previous Treatment and Response: (Including Medications) FAX: 888-762-7575 (Required)

Was transferred to ACC from LCC. MCV recommended BE.

Additional Information

Date Requested:

Date

Response:

Completed:

QMC Response:

[ 00179 ]

M TELEMED

(TUE) DEC 18 2007 3:44/ST. 3:18/No. 7519432270 P 2

Jan. 24. 2005 12:27PM

TELEMED SCHD INTES

No 3233 P. 3/3

Virginia Department of Corrections / VCU Medical Center  
**PRE-REGISTRATION REQUEST FORM**  
 (To be used when requesting tests or clinic / telemedicine appointments)

Date: 12-18-07 Inmate Number: 374390 VCUMC Medical Record Number: 6185429

Name: Delaney George Sex: M Race: B

Correctional Facility: Augusta Corr. DOC Physician: Dr. R. Marsh  
 Address: 1821 Estabine Valley Phone: 540-997-7000 Ext. 7060  
Craigsville VA Zip Code 24430 FAX: 540-997-7182

**PAYER INFORMATION**  
 Company Name: \_\_\_\_\_  
 Policy No: XTA 950 374390  
 If not DOC, please indicate SELF PAY or send copy of Insurance Card.

Please complete one of the boxes below to indicate your request for this patient.  
 (A separate Pre-Registration form is required for each clinic or test.)

Appointment for Barium Enema Clinic  
☒ On-Site (VCU-MC) ☐ Telemedicine  
 Reason patient needs to be seen:  
 New patient evaluation for \_\_\_\_\_  
 Follow-up for Ulcerative Colitis and needs to be seen \_\_\_\_\_ month from last appointment.  
☐ Emergent (1-7 days) ☐ Urgent (8-30 days) ☒ Next Available  
 Next available will be given unless explanation is written below to indicate reason for Urgent or Emergent appointment.  
 PHS Number: \_\_\_\_\_

Diagnostic Test or Procedure: \_\_\_\_\_  
 (May require completion of department specific form)  
 For CT or MRI the following information is required:  
 Is the patient claustrophobic? ☐ Yes ☐ No  
 diabetic? ☐ Yes ☐ No  
 If diabetic, list diabetic meds: \_\_\_\_\_  
 Any metal in the body? Specify: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Requesting Doctor's name: \_\_\_\_\_  
 PHS Number: \_\_\_\_\_

Please provide a DIAGNOSIS and pertinent HISTORY as it relates to this appointment or test.

Patient last seen in GI Clinic on 12-04-07.  
 Recommended BE. He was transferred to ACC from LCC. Please schedule

*NPO after midnight  
 no breakfast  
 am of*

- Appointment Process and Important Information**
- Obtain approval for visit/test/procedure if required.
  - FAX this form to: (804) 628-3932 (Barbara and Tina).
  - The day before the appointment, send updated Pre-Reg. Form to the Holding Cell - FAX (804) 786-9615 or E-mail (BURKSMR).
  - NOTIFY inmate schedulers (804) 628-0425 and Holding Cell (804) 786-1264 of ALL REFUSALS OR CANCELLATIONS.
  - QUESTIONS?** Call 628-0425-Barbara or 628-3805-Tina
  - REMEMBER -- SEND** pertinent information with inmate to appointment. (Notes, Current Meds, Test Results, X-Ray FILMS, etc.)

**Please NOTE**  
 For Hepatology / Possible Liver Biopsy: Complete Protocol Information and FAX to (804) 828-4945. For questions call: (804) 828-4060.

**APPOINTMENT**  
 To be completed by VCU-MC personnel only.  
 VCUMC Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Telemedicine Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 At your facility Transport to: \_\_\_\_\_

(If checked) Please mail films ASAP to:  
 VCU Medical Center, Telemedicine Department  
 P.O. Box 980531, Richmond, VA 23198-0531

*12/26/07  
 930*

804-628-3805

M TELEMED

(TUE) DEC 18 2007 22:28/ST. 22:28/No. 7519432332 P 2

Jan. 24. 2008 12:27PM

ELEMED SCHD INTES

No 3233 P. 3/3

Virginia Department of Corrections / VCU Medical Center  
**PRE-REGISTRATION REQUEST FORM**  
 (To be used when requesting tests or clinic / telemedicine appointments)

Date: 12-18-07 Inmate Number: 374390 VCU Medical Record Number: 6185429

Name: Delaney, George SSN:                      DOB: -60 Sex: M Race: B

Correctional Facility: Augusta Corr. DOC Physician: Dr. R. Marsh  
 Address: 1821 Estaline Valley Phone: 540-997-7000 64-7000  
Craigsville VA Zip Code 24430 FAX: 540-997-7182

**PAYER INFORMATION**  
 Company Name:                       
 Policy No: YTA 950 374390  
 If not DOC, please indicate SELF PAY or send copy of Insurance Card.

Please complete one of the boxes below to indicate your request for this patient.  
 (A separate Pre-Registration form is required for each clinic or test.)

Appointment for Barium Enema Clinic  
☒ On-Site (VCU-MC) ☐ Telemedicine  
 Reason patient needs to be seen:  
 New patient evaluation for:                       
 Follow-up for: Chronic Colitis and  
 needs to be seen                      month from last  
 appointment.  
☐ Emergent (1-7 days) ☐ Urgent (8-30 days) ☒ Next Available  
 Next available will be given unless explanation is written below to indicate  
 reason for Urgent or Emergent appointment.  
 PHS Number:                     

Diagnostic Test or Procedure:                       
 (May require completion of department specific form)  
 For CT or MRI the following information is required:  
 Is the patient claustrophobic? ☐ Yes ☒ No  
 diabetic? ☐ Yes ☒ No  
 If diabetic, list diabetic meds:                       
 Any metal in the body? Specify:                       
 Allergies:                      Weight:                       
 Requesting Doctor's name:                       
 PHS Number:                     

Please provide a DIAGNOSIS and pertinent HISTORY as it relates to this appointment or test.

Patient last seen in GI Clinic on 12-04-07.  
 Recommended BE. He was transferred  
 ACC from LCC. Please schedule

NPO after midnight  
 no breakfast  
 amox

- Appointment Process and Important Information**
- Obtain approval for visit/test/procedure if required.
  - FAX this form to: (804) 628-3932 (Barbara and Tina).
  - The day before the appointment, send updated Pre-Reg. Form to the Holding Cell - FAX (804) 786-9615 or Email (BURKSMR)
  - NOTIFY inmate schedulers (804) 628-0425 and Holding Cell (804) 786-1264 of ALL REFUSALS OR CANCELLATIONS.
  - QUESTIONS?? Call 628-0425-Barbara or 628-3805-Tia
  - REMEMBER-- SEND pertinent information with inmate to appointment. (Notes, Current Meds, Test Results, X-Ray FILMS, etc.)

**Please NOTE**  
 For Hepatology / Possible Liver Biopsy: Complete Protocol Information and FAX to (804) 828-4945. For questions call: (804) 828-4060.

hesch  
 12/28/07  
 @ 830

**AMC**

Augusta Medical Center  
78 Medical Center Drive  
Fishersville, VA 22939

Department of Radiology  
(540) 332-4400  
(540) 932-4400

John Marsh  
c/o Augusta Correctional Ctr, 1821 Estaline Valley Rd  
Craigsville, VA 22430

374390

<b>Patient:</b> DELANEY, GEORGE FREDERICK	<b>Acct #:</b> M00031599848 <b>Status:</b> REG CLI	<b>MR #:</b> M0315182
<b>Tech:</b> RAD.CSS	<b>Age/Sex:</b> 47M	<b>Loc:</b> RAD
<b>Report #:</b> 1220-0240	<b>Phys:</b> John Marsh	<b>Pat phone #:</b> (540)997-7000
<b>Transcriptionist:</b> deh	<b>Dict Date:</b> 12/20/07 1323	<b>Trans Date:</b> 12/20/07 1326

**Date of Service:** 12/20/07

**Exam(s):** 1220-0073 DXR/DXR KUB Abdomen AP View

**DOB:** 1/1960 **Dictating Radiologist:** Shashank C. Parekh

**Diagnosis:** ABD PAIN

**Reason for Exam:** ABD PAIN

### KUB 12/20/07

There are multiple dilated small bowel loops in the abdomen. There is no significant air in the large bowel. No pathologic calcification is seen. There are surgical sutures in the abdomen.

**IMPRESSION:** Findings suggestive of small bowel obstruction. Surgical consult is recommended.

Dictated by Shashank Parekh, MD

Wet reading called to Dr. Marsh at 1335 on 12/20/07.

Reported by: Shashank C. Parekh, M.D.

Signed by: PARS <<Signature on File>>

Date/Time signed: 12/20/07 1842

C: John Marsh



Ordering Physician copy  
Page 1 of 1

RADIOLOGY REPORT

**Signed**

[ 00182 ]



Order Date 12/27/07 07:26

Printed: 12/27/07 07:26  
wh09x922h1MCV Hospitals and Physicians  
Richmond, VA 23298

1250 E. Marshall St., Richmond, Va. (804)828-0951 DEA: AM 1570072

Patient Name: DELANEY, GEORGE L

W9W

MRN: 6185429

Birthdate: 1959

Sex: M

Fin: 706156292551

Height(Cm): 177.80 12/21/07

Weight(Kg): 78.926 12/21/07

Allergies: Phenergan

Pt Address: AUGUSTA CORRECTIONAL CENTER, 1821 ESTALINE VALLEY, CRAIGSVILLE, VA 24430

Home Phone: 5409977000 Work Phone:

**Rx: Dilaudid**

SIG: 2 mg PO every 3 hours PRN as needed for pain

X

A handwritten signature in black ink, appearing to read "Lindsay P Morales".

Prescribed by: LINDSAY P MORALES, NP (4433) DEA #: MH1383001

Lindsay Morales, ACNP  
#4433

(Not valid unless signed by prescriber)

Initial here for non-childproof container

DEA# MH1383001  
Rx# 0017138503



VCU Health System, MCV Hospitals & Physicians  
Richmond, VA 23298

CPROD - Production

## Discharge Information Form

DELANEY, GEORGE L - 6185429

Result Type: Discharge Information Form  
Date: 02 January 2008 12:54  
Status: Auth (Verified)  
Author: Bowen RN, Christine on 02 January 2008 12:54  
Electronically Signed By: Bowen RN, Christine on 02 January 2008 12:54  
Encounter info: 706156292551, VCUHS, IP, 12/20/2007 -

## DISCHARGE INFORMATION FOR REFERRING PROVIDERS

Admission Date: 12/20/07 10:25 pm  
Disposition: Correctional Facility  
Discharge on: 12/27/07 01:00 pm

Coexistent Problems/Diagnoses: small bowel obstruction resolved with  
conservative management

Referring Provider: BOST MD, MICHAEL A

Discharging Attending Physician: MALHOTRA MD, AJAI K  
Primary Care Provider: MARSH MD, ROBERT L

Principal DX- Condition making admission necessary: small bowel obstruction

New / Changed / Refilled Medications:  
Dilaudid (HYDROMORPHONE): 2mg, by mouth, every 3 hours, as needed,

Home Medications:

To reach providers in the VCU Health Systems, call Telepage at 804 828-0951 and page the specific provider or have the specific provider call 1-800-762-6161. VCUHS provider numbers can also be accessed via the web at : [www.vcuhealth.org](http://www.vcuhealth.org)

Printed by: Bowen RN, Christine  
Printed on: 1/2/2008 12:55

Page 1 of 4  
(Continued)

[ 00184 ]

VCU Health System, MCV Hospitals & Physicians  
Richmond, VA 23298

CPROD - Production

Discharge Information Form

DELANEY, GEORGE L - 6185429

## Discharge Information for Patient

VCU Health System thanks you for allowing us to assist you with your healthcare needs.

Visit our website at: [www.vcuhealth.org](http://www.vcuhealth.org)

If you have any new symptoms, changes in your condition, or questions, please contact your Primary Care Provider. If you need to reach a Health Care Provider in the hospital, call (804)828-0951 and ask the operator to page the \*Provider on call\* for IP-Trauma Surgery

The following information will help you care for yourself after leaving the hospital.

You were admitted to the hospital on 12/20/07 at 10:25 pm

You were hospitalized for the following condition(s): small bowel obstruction resolved with conservative management

The following procedures were performed:

**Allergies:**

Phenergan

**Reactions:**

**Additional Discharge Instructions:**

Stable to be discharged to correctional facility. Small bowel obstruction resolved with conservative management.

Take the medications listed in both of the following groups:

**New / Changed / Refilled Medications:**

Dilaudid (HYDROMORPHONE): 2mg, by mouth, every 3 hours, as needed,

Also continue taking these medications:

### Call 911/MD

**Call 911 DO NOT DRIVE** yourself to the ER, For sudden onset of shortness of breath

**Call the doctor if you have** Chest or upper abdominal pain or pressure, Difficulty breathing, shortness of breath, Severe abdominal pain, Severe or persistent vomiting, Shortness of breath, fluttering feeling in chest, Sudden, severe pain anywhere in the body

**Call 911 DO NOT DRIVE** yourself to the ER, For sudden onset of shortness of breath

**Call the doctor if you have** Chest or upper abdominal pain or pressure, Difficulty breathing, shortness of breath, Severe abdominal pain, Severe or persistent vomiting, Shortness of breath, fluttering feeling in chest, Sudden, severe pain anywhere in the body

### Diet

**Discharge Diet Other:** Due to his intestinal disease, pt may not have processed foods, spicy foods, raw vegetables, oranges, apples, corn flakes, boiled eggs, cheese, beans, peanut butter, or any type of nuts.

Printed by: Bowen RN, Christine  
Printed on: 1/2/2008 12:55

Page 2 of 4  
(Continued)

[ 00185 ]

VCU Health System, MCV Hospitals & Physicians  
Richmond, VA 23298

*CPROD - Production*

Discharge Information Form

DELANEY, GEORGE L - 6185429

**Medications**

**Med Profile Reviewed Yes**

**Clinic Appointments**

**Clinic:** Surgery/General/Trauma Surgery/STRU-Trauma Surgery Clinic  
Call to make an appointment if your condition has not improved in/804-828-7748

Printed by: Bowen RN, Christine  
Printed on: 1/2/2008 12:55

Page 3 of 4  
(Continued)

[ 00186 ]

VCU Health System, MCV Hospitals & Physicians  
Richmond, VA 23298

CPROD - Production

Discharge Information Form

DELANEY, GEORGE L - 6185429

Home care service options were reviewed with me

☐ Yes ☐ No

If you or a member of your household currently smoke, or have smoked within the past 12 months, you and/or your household member are advised to quit smoking. Please ask your healthcare provider for more information. For further resources in the community visit the Smoke-Free Virginia website ( [www.smokefreevirginia.org](http://www.smokefreevirginia.org) ) or call 1-877-856-5177.

I understand the information given to me

☐ Yes ☐ No

I have received all my personal belongings

☐ Yes ☐ No

Patient/Caretaker: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Visit our website at: [www.vcuhealth.org](http://www.vcuhealth.org)

Printed by: Bowen RN, Christine  
Printed on: 1/2/2008 12:55

Page 4 of 4  
(End of Report)

[ 00187 ]

Janya

MR# 6185429

DOB: -60

SS#

Commonwealth of Virginia  
DEPARTMENT OF CORRECTIONSDOC 708  
Revised 3/92

## CONSULTATION FORM

Sending Institution Augusta Con. Center Date 12-28-07 @ 8:30AM  
 Inmate Name George Delaney Inmate # 374390  
 Referred By Dr. R. Moush, 1821 Establin Valley Referred To MCV, X-Ray Dept., 3rd F  
 Medical Problem Barium Enema

Admitted @ MCV - Admit. Called Holding Unit  
and informed Janya about appt. CM-Whitlock

Consulting Physician: Please complete the following, whether positive or negative.

Findings: \_\_\_\_\_

Laboratory or X-ray Results: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment and Medications Recommended: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Follow-Up Appointment: \_\_\_\_\_

Date

Consulting Physician

[ 00188 ]



Identification No.

YTA950374390

DOB: 60

Group No.

BS Plan

BC Plan

Covered Since

20471754

923

423

COB

Type

Offender Only

Post Office Box 27401  
Richmond, Virginia 23279

PLEASE FOLD ALONG THIS LINE—DO NOT DETACH

Augusta Correctional Center  
Bill with Prefix YTA950+ Offender  
Number, and the above group number  
for full reimbursement up to the contract  
allowances.

Pre-Admission Review Required:

1-800-242-7277

Customer Serv: 1-877-332-8198

Network: Hosp/Physician PPO1

IMPORTANT PHONE NUMBERS ON BACK

JAN 24 2006 12:27A

ELEMED SCHD INTES

No 3233 P. 3/3

## Virginia Department of Corrections / VCU Medical Center

## PRE-REGISTRATION REQUEST FORM

(To be used when requesting tests or clinic / telemedicine appointments)

Date: 12-18-07

Inmate Number: 374390

VCLMC Medical Record Number: 6185429

Name: Delaney, George

Sex: M Race: B

Correctional Facility: Augusta Corr.

DOC Physician: Dr. R. Marsh

Address: 1821 Establine Valley Phone: 540-997-7000 Ext. 7000

Craigsville VA Zip Code 24430 FAX: 540-997-7182

## PAYER INFORMATION

Company Name: \*  
Policy No: YTA 950-374390  
If not DOC, please indicate SELF PAY or send copy of Insurance Card.

Please complete one of the boxes below to indicate your request for this patient.

(A separate Pre-Registration form is required for each clinic or test.)

Appointment for Barium Enema Clinic☒ On-Site (VCLMC) ☐ Telemedicine

Reason patient needs to be seen:

New patient evaluation for:

Follow-up for Ulcerative Colitis and

needs to be seen \_\_\_\_\_ month from last

appointment.

☐ Emergent (1-7 days) ☐ Urgent (8-30 days) ☒ Next Available

Next available will be given unless explanation is written below to indicate reason for Urgent or Emergent appointment.

PHS Number: \_\_\_\_\_

Diagnostic Test or Procedure: \_\_\_\_\_

(May require completion of department specific form)

For CT or MRI the following information is required:Is the patient claustrophobic? ☐ Yes ☒ Nodiabetic? ☐ Yes ☒ No

If diabetic, list diabetic meds: \_\_\_\_\_

Any metal in the body? Specify: \_\_\_\_\_

Allergies: \_\_\_\_\_ Weight: \_\_\_\_\_

Requesting Doctor's name: \_\_\_\_\_

PHS Number: \_\_\_\_\_

Please provide a DIAGNOSIS and pertinent HISTORY as it relates to this appointment or test.

Patient last seen in GI Clinic on 12-04-07.

Recommended BE. He was transferred

ACC from LCC. Please schedule

NPO after midnight  
no breakfast  
am of

## Appointment Process and Important Information

- Obtain approval for visit/test/procedure if required.
- FAX this form to: (804) 628-3932 (Barbara and Tim).
- The day before the appointment, send updated Pre-Reg. Form to the Holding Cell - FAX: (804) 786-9615 or Email (BURKSMT).
- NOTIFY inmate schedulers (804) 628-0425 and Holding Cell (804) 786-1264 of ALL REFUSALS OR CANCELLATIONS.
- QUESTIONS?? Call 628-0425-Barbara or 628-3805-Tim
- REMEMBER - SEND pertinent information with inmate to appointment. (Notes, Current Meds, Test Results, X-Ray FILMS, etc.)

## Please NOTE

For Hepatology/Possible Liver Biopsy: Complete Protocol Information and FAX to (804) 628-4845. For questions call: (804) 828-4060.

APPOINTMENT

Resch

12/28/07

Q 830





VIRGINIA DEPARTMENT OF CORRECTIONS  
AUGUSTA CORRECTIONAL CENTER  
PROBLEM SHEET

Effective Date: November 15, 2006  
Operating Procedure #722 Attachment #2

**PROBLEM SHEET** DOB -6.0

HMC

Institution: Augusta Correctional Center

Name: DELANEY, G. No: 37880

Allergies: NKA

Chronic Medical History: Ulcerative Colitis \* Colectomy 2003.

- ☒ Allergies: Phenergan
- ☐ Asthmatic
- ☐ Cardiac
- ☐ Diabetic
- ☐ Hepatitis
- ☐ HIV
- ☐ Hypertension
- ☐ Malignancies
- ☐ Pulmonary
- ☐ Seizure Disorder
- ☐ Smoker
- ☒ Non-Smoker
- ☐ Housing ☐ Lower Bunk ☐ Lower floor ☐ Lower level ☐ Single cell
- ☐ Current Medication: See current MAR
- ☒ Other Ulcerative Colitis

Nurse's signature: DE Miller RN Date: 12-5-07

Commonwealth of Virginia  
DEPARTMENT OF CORRECTIONSDOC 708  
Revised 3/92

## CONSULTATION FORM

Sending Institution Lunenburg Correctional Date 12-4-07  
 Inmate Name George Delaney Inmate # 374390  
 Referred By Dr. Paul Ohaw Referred To MCU-GT Surgical Clinic  
 Medical Problem Ulcerative colitis s/p ileocolic anastomosis

Consulting Physician: Please complete the following, whether positive or negative.

Findings: \_\_\_\_\_

Laboratory or X-ray Results: Will need Barium Enema

Diagnosis: possible stricture of anastomosis

Treatment and Medications Recommended: \_\_\_\_\_

- BE to evaluate for strictures
- Pt must be on a true low residue diet - <sup>metals</sup> ~~nutrients~~ <sup>shake</sup>
- May require exam under anesthesia <sup>once</sup> radiology study complete

Restrictions: Low Residue diet only

Follow-Up Appointment: after <sup>Gastrografin</sup> barium enema completed

12/4/07

Date

W. H. H. H.

Consulting Physician

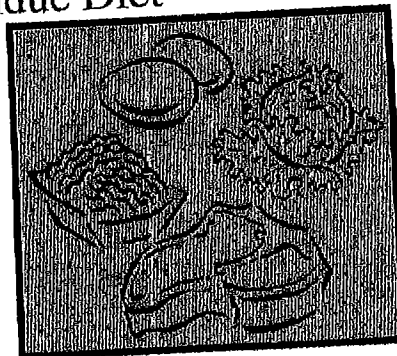
Dr. Paul Ohaw MD  
12-04-2007

[ 00192 ]

## Low Fiber Low Residue Diet



## Low Fiber Low Residue Diet

**Purpose**

Dietary fiber is the undigestible part of plants that maintains the structure of the plant. Dietary fiber includes cellulose, hemicellulose, polysaccharides, pectins, gums, mucilages, and lignins. Although they are chemically unrelated, they all resist digestion by the human body. It is this resistance that makes these fibers important in both the normal functioning and in disorders of the large intestine or colon.

In certain medical conditions, it is important to restrict fiber. These include acute or subacute diverticulitis, and the acute phases of certain inflammatory conditions of the bowel -- ulcerative colitis or Crohn's disease. After some types of intestinal surgery, a low fiber, low residue diet may be used as a transition to a regular diet. A low fiber diet is also used for a period of time after a colostomy or ileostomy is performed.

**Nutrition Facts**

Depending upon individual food selection, the Low Fiber, Low Residue Diet is adequate in all nutrients (National Research Council's Recommended Dietary Allowance). If the diet must be strict and followed over a long period of time, the intake of fruits and vegetables may not be adequate; and/or on a low residue diet, there may not be enough calcium included. In these cases, a multi-vitamin supplement or liquid nutritional supplement may be needed.

**Special Considerations**

If a low fiber or low residue diet results in abdominal cramps or discomfort, notify the dietitian or physician immediately.

Food Groups		
Group	Recommend	Avoid
Milk & milk	all milk products	Low Residue Diet only 2

## Low Fiber Low Residue Diet

products (2 or more cups daily)		cups daily of all milk products
<b>Vegetables</b> (3 or more servings daily)	lettuce; vegetable juice without pulp; the following cooked vegetables: yellow squash (without seeds), green beans, wax beans, spinach, pumpkin, eggplant, potatoes, without skin, asparagus, beets, carrots	vegetable juices with pulp, raw vegetables except lettuce, cooked vegetables not on <b>Recommend</b> list
<b>Fruits</b> (2 or more servings daily)	fruit-juices without pulp, canned fruit except pineapple, ripe bananas, melons	fruit-juices with pulp, canned pineapple, fresh fruit except those on <b>Recommend</b> list, prunes, prune juice, dried fruit, jam, marmalade
<b>Starches-Bread &amp; grains</b> (4 or more servings daily)	bread and cereals made from refined flours, pasta, white rice	whole-grain breads, cereals, rice, pasta; bran cereal; oatmeal
<b>Meat or meat substitutes</b> (5 to 6 oz daily)	meat, poultry, eggs, seafood	chunky peanut butter, nuts, seeds, dried beans, dried peas
<b>Fats and oils</b> (servings depend on caloric needs)	all oils, margarine, butter	coconut
<b>Sweets and desserts</b> (servings depend on caloric needs)	all not on <b>Avoid</b> list	desserts containing nuts, coconut
<b>Miscellaneous</b>	all not on <b>Avoid</b> list	popcorn, pickles, horseradich, relish

## Sample Menu

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> <li>orange juice 1/2 cup</li> <li>cornflakes 1 cup</li> <li>poached egg</li> <li>white toast 1 slice</li> <li>margarine 1 tsp</li> <li>jelly 1 Tbsp</li> <li>skim milk 1 cup</li> <li>coffee 3/4 cup</li> <li>sugar 1 tsp</li> <li>non-dairy creamer</li> <li>salt/pepper</li> </ul>	<ul style="list-style-type: none"> <li>fish 3 oz</li> <li>mashed potatoes 1/2 cup</li> <li>cooked green beans 1/2 cup</li> <li>white bread 1 slice</li> <li>margarine 1 tsp</li> <li>jelly 1 Tbsp</li> <li>applesauce 1/2 cup</li> <li>coffee 3/4 cup</li> <li>sugar 1 tsp</li> <li>non-dairy creamer</li> <li>salt/pepper</li> </ul>	<ul style="list-style-type: none"> <li>chicken breast 3 oz</li> <li>medium baked potato without skin</li> <li>cooked carrots 1/2 cup</li> <li>white bread 1 slice</li> <li>margarine 1 tsp</li> <li>jelly 1 Tbsp</li> <li>canned peaches 1/2 cup</li> <li>skim milk 1/2 cup</li> <li>coffee 3/4 cup</li> <li>sugar 1 tsp</li> <li>non-dairy creamer</li> </ul>

## Low Fiber Low Residue Diet

• salt/pepper			
<b>This Sample Diet Provides the Following</b>			
Calories	1576	Fat	45 gm
Protein	89 gm	Sodium	2817 mg
Carbohydrates	215 gm	Potassium	3510 mg

**Related Diseases**

Diarrhea | Crohn's Disease | Ulcerative Colitis | Anal fissure, Fistula and Abscess | Rectal Bleeding

**Related Procedures**

Astomy

This material does not cover all information and is not intended as a substitute for professional care. Please consult with your physician on any matters regarding your health.

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Patient Ed | Diseases | Procedures | Diets | Drugs | Endoscopy Images | Links

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(717) 761-0930

2626 North 3<sup>rd</sup> Street., Suite 3A  
Harrisburg, PA 17110  
Phone: (717) 238-3111

*\*We can NOT provide medical care over the phone. Please contact us to make an appointment if needed.*

**Fax:** (717) 761-0465

**Email:** [contact@gicare.com](mailto:contact@gicare.com)

**Web:** [gicare.com](http://gicare.com)

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F DELANEY, GEORGE L VCUHS  
6185429 DC '59  
N 12/04/07 M B 48Y GENC  
SHAH MD, NISHIT S GNSO  
VIS#: 706 156197342

VCU Health System  
MCV Hospitals and Physicians  
Richmond, Virginia 23298

## DIAGNOSTIC TESTING ORDER FORM 1

## PATIENT DATA: MUST COMPLETE ALL DATA FOR ALL TESTS

DOB: 59  
AMBULATORY? ☒ Yes ☐ No HT: WT: lbs  
Reason for Tests: need to evaluate  
for structure of ileocolic  
anastomosis

Patient CURRENT Phone #:

Diagnosis: ulcerative colitis

ICD-9 KEY  
List ICD-9 Code(s) Below:  
(Write & Circle Corresponding  
number next to each test) ②

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## RADIOLOGY (Xray, Plain Films: 86831)

- 1) ☐ CXR-PA & Lat *Go Astrographic Ewema*  
2) ☒ *\* with gastrogram*  
3) *please*

## GI RADIOLOGY (828-6831)

- ☐ Esophagram ☐ Request Tablet ☐ Modified Esophagram (video) ☐ Upper GI Series  
☐ Upper GI Small Bowel follow-through ☐ GI Transit Study ☐ Enteroclysis  
☐ Barium Enema ☐ Single ☐ ACBE ☐ Virtual Colonoscopy  
☐ Defecogram ☐ YFistulogram ☐ T-Tube cholangiogram ☐ Pegogram

CT P: 628-3580 • F: 628-3593

Appt. Date: / / Time: ☐ AM ☐ PM Location:  
For CT scan only / Creatinine Result within 1 month  
Allergies? ☐ Y ☐ N  
History of: ☐ Asthma ☐ Contrast dye ☐ Diabetes ☐ Insulin ☐ Metformin ☐ Heart Disease  
☐ Kidney Disease ☐ Multiple Myeloma ☐ Pheochromocytoma ☐ Seizure Disorder ☐ Sickle Cell Anemia

MRI P: 628-3580 • F: 628-3593

Appt. Date: / / Time: ☐ AM ☐ PM Location:  
\*For MRI only--answer: Pacemaker? ☐ Y ☐ N Metal Implants? ☐ Y ☐ N Claustrophobic? ☐ Y ☐ N  
If Claustrophobic, Pt needs sedation. Specify what sedation  
☐ Biological Stimulator ☐ Hearing Aid ☐ Pacemaker ☐ Shunt ☐ Stapes Prosthesis ☐ Stent  
☐ Cardiovascular Catheter ☐ Electrode ☐ Heart Valve Replacement ☐ IUD ☐ IVC filter ☐ Penile Implant  
☐ Transdermal Patch ☐ Ever worked with grinding metal ☐ Metal Fragments ☐ Aneurysm Clips  
☐ Aortic or Carotid Clips ☐ Brain Surgery Clips ☐ Bullet Fragments ☐ Fracture, Metal Treated  
☐ Harrington Rods ☐ Infusion Pump ☐ Joint Replacement ☐ Limb prosthesis ☐ Metal Mesh ☐ Piercings

NUCLEAR MEDICINE: P: 828-6828 F: 628-0275

Appt. Date: / / Time: ☐ AM ☐ PM Location:  
Genitourinary: (no prep)  
☐ Renal functional imaging  
☐ with Lasix  
☐ with Captopril  
☐ (VUG) Voiding Cysto Urethrogram  
☐ Renal anatomical imaging  
☐ Other  
Bone Imaging:  
☐ Three phase imaging  
☐ Whole body imaging  
☐ Limited imaging  
☐ Other  
Endocrine: ☐ Parathyroid Imaging  
Thyroid Studies ☐ Thyroid Uptake & Scan only ☐ Thyroid Uptake, Scan & Rx with <sup>131</sup>I ☐ Consult with patient  
Thyroid Results / Date: TSH Total T<sub>4</sub> Free T<sub>4</sub> Total or Free T<sub>3</sub>  
Is the patient taking any interfering medicines? ☐ Yes ☐ No  
☐ Methimazole ☐ PTU ☐ Thyroid Hormone  
☐ Iodine or iodine containing medication  
Has patient had in the past 3 months any study in which an iodinated contrast agent was given? ☐ Yes ☐ No  
Lung Imaging (no patient prep)  
☐ Perfusion only ☐ Ventilation/Perfusion (V/Q) ☐ Other  
☐ Send patient for CXR PA & LAT prior to VQ Scan OR ☐ Patient bringing recent outside film  
Disposition of patient after urgent imaging lung or GI Bleed study and review of study findings by nuclear medicine physician: ☐ Send home ☐ Send back to my office ☐ Hold and call me

PET SCAN: P: 828-6828 F: 628-0275  
Appt. Date: / / Time: ☐ AM ☐ PM Location:

Indications for PET Scan: (please check one)  
Diagnosis of: ☐ Colorectal Cancer ☐ Esophageal Cancer ☐ Head & Neck Cancer ☐ Lymphoma  
☐ Melanoma ☐ Non Small Cell Lung Cancer  
Characterization of: ☐ Solitary Pulmonary Nodule  
Staging of: ☐ Breast Cancer Metastasis ☐ Cervical Cancer ☐ Colorectal Cancer  
☐ Esophageal Cancer ☐ Head & Neck Cancer ☐ Lymphoma ☐ Melanoma  
☐ Non Small Cell Lung Cancer ☐ Thyroid Cancer Follicular Cell  
Restaging of: ☐ Breast Cancer/Monitoring ☐ Colorectal Cancer ☐ Esophageal Cancer  
☐ Head & Neck Cancer ☐ Lymphoma ☐ Melanoma ☐ Non Small Cell Lung Cancer

Other:  
Is Patient Diabetic? ☐ No ☐ Yes: Insulin? ☐ Yes ☐ No  
Previous CT/MRI? ☐ No ☐ Yes Location: ☐ VCUHS ☐ Other  
Please ask your patient to bring any non-VCUHS CT or MRI scans on the day of the PET scan.

## ULTRASOUND

Appt. Date: / / Time: ☐ AM ☐ PM Location:  
☐ Doppler Abdomen Vessel (eg: aorta)  
☐ Abdomen complete  
☐ Abdomen right upper quadrant  
☐ Gall Bladder  
☐ Liver  
☐ Renal  
☐ Other:  
☐ Other:

## FAX OR MAIL COPIES OF ALL REPORTS GENERATED BY THIS REQUEST TO:

Referring Provider: *Marinello* *Dr Nishit Shah*  
Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
☐ PCP \_\_\_\_\_  
Dept.: \_\_\_\_\_ Dept. Contact: \_\_\_\_\_ PO Box: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Beeper # \_\_\_\_\_ Date: 12/4/07

HMR 0899 (12/06)  
FAMILY MEDICINE



<p>DELANEY, GEORGE L ✓          6185429 DOE 159 57          12/04/07 M B 48Y GENC          SHAH MD, NISHIT S GNSO          VIS#: 706 156197342</p>	<p>VCU Health System          MCV Hospitals and Physicians          Richmond, Virginia 23298  <b>General Surgery</b>  <input type="checkbox"/> Consultation <input type="checkbox"/> Initial Visit <input type="checkbox"/> H&amp;P</p>
--	---

Date: \_\_\_\_\_

Referring/Requesting Physician \_\_\_\_\_ PCP \_\_\_\_\_

Reason For Consult/Visit:

*here to see doctor about my stomach pain  
 x past month. Has history of ileo-anal stricture -  
 unable to stay on correct diet @ facility -*

Attending Physician  
 Key Findings:

Vital Signs: BP: 108/72 Temp: 97° Pulse: 68 Resp: \_\_\_\_\_ Height: 5'10" Wt: 178 lbs BMI: \_\_\_\_\_

## Past Surgical History:

*12/97 ileostomy, hernia's pouch  
 4/98 total colectomy  
 2006 - tonsillectomy  
 1997 - (R) ankle (2° sports injury)*

## Past Medical History:

*hx of stricture in  
 pouch area  
 hospitalized Sentara V Beach  
 4/07 for obstruction.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> GERD                 | <input type="checkbox"/> Back Pain       |
| <input type="checkbox"/> Hypertension      | <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Venous Stasis   |
| <input type="checkbox"/> COPD/Asthma       | <input type="checkbox"/> Kidney Problems      | <input type="checkbox"/> Sleep Apnea     |
| <input type="checkbox"/> CAD/MI/CHF        | <input type="checkbox"/> High chol/TG         | <input type="checkbox"/> DVT/PE          |
| <input type="checkbox"/> Deg Joint Disease | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Stroke/Seizures |

*ulcerative colitis*

## Pain Assessment:

Pain acceptable? ☐ No ☐ YesLocation: *(R) Side abdomen* Quality: *'pressure'*Duration: *comes + goes*  
*(sometimes 10/10)*

Pain Score: 0 1 2 3 4 5 6 7 8 9 10  
 none mild moderate severe very severe worst possible

Allergies: ?

☐ NKDA

Current Medications: record on the Ambulatory Care Summary Sheet Form or  
 Interdisciplinary Admission Medication History Form for inpatient

Social History: Education: *GED, 1 yr college* Occupation: *unemployed - write*Marital Status: *(S) M D W* Support Person: *mother*Religious/Cultural Barriers: *none noted* Evidence of Abuse: *noted*Tobacco: ☒ No ☐ Yes \_\_\_\_\_ packs/day ETOH: ☐ No ☒ Yes *beer* drinks/day *last use 17 mos ago*Drugs: ☐ No ☐ Cocaine ☐ Heroin Last use: *1998* ☐ In recovery: alcohol or addiction

## Family History:

*unknown family med hx*Nurse's Signature: *Susan Lewis*Date: *12/4/07*Printed Name: *Susan Lewis*Time: *11:10/A*



<b>Ni</b> <b>M</b>		<b>VCU Health System</b> <b>MCV Hospitals and Physicians</b> <b>Richmond, Virginia 23298</b> <b>General Surgery</b> <input type="checkbox"/> Consultation <input type="checkbox"/> Initial Visit <input type="checkbox"/> H&P	
DELANEY, GEORGE L 6185429 12/04/07 SHAH MD, NISHIT S VIS#: 706 156197342	VCUHS DOB: /59 M B 48Y GENC GNSO		

Date: \_\_\_\_\_

<i>1 - i</i>	<b>Respiratory:</b> <input checked="" type="checkbox"/> Normal respiratory effort <input type="checkbox"/> Normal auscultation Abnormal:	
	<b>Cardiovascular:</b> <input type="checkbox"/> Normal auscultation: regular rate and rhythm with no murmur Abnormal: <input type="checkbox"/> Normal peripheral pulses, no edema	
	<b>Lymphatic:</b> <input type="checkbox"/> Normal lymph nodes (neck, axillae, groin, or other) Abnormal:	
	<b>Skin/Surgical Site:</b> <input type="checkbox"/> Normal inspection and/or palpation of skin Abnormal: <i>soft NTND</i> <input type="checkbox"/> No previous surgical incisions <i>well healed incisions</i>	
	<b>Gastrointestinal:</b> <input type="checkbox"/> No masses or tenderness <input type="checkbox"/> Normal exam of liver and spleen Abnormal: <input type="checkbox"/> No hernia <input type="checkbox"/> Stool sample for occult blood test <i>soft NTND</i> <i>Rectal: pain on exam</i>	
	<b>Genitourinary/ Breast:</b> <input type="checkbox"/> Normal rectal exam Abnormal: <input type="checkbox"/> Normal breast exam <input type="checkbox"/> Deferred <input type="checkbox"/> Normal pelvic exam <input type="checkbox"/> Deferred	
	<b>Neurological:</b> <input type="checkbox"/> Normal orientation (time, place and person) Abnormal:	<b>Psychiatric:</b> <input type="checkbox"/> Normal mood & affect (no depression, anxiety or agitation) Abnormal:
	<b>Musculoskeletal:</b> <input type="checkbox"/> Normal muscle strength & tone <input type="checkbox"/> Normal gait & station Abnormal:	
<b>Medical Decision Making</b>		
1. Amount/Complexity of Data Reviewed/ordered: <input type="checkbox"/> Prescriptions written:		
<input type="checkbox"/> Reviewed previous records/labs/tests	<input type="checkbox"/> Radiology Orders	
<input type="checkbox"/> Blood Work Ordered	<input type="checkbox"/> Other	

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RELEASE OF INFORMATION  
MECKLENBURG CORR FIL

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PAGE 01



VIRGINIA DEPARTMENT OF CORRECTIONS  
Consent for Release of Confidential Health Information

Effective Date: February 1, 2007  
Operating Procedure #701.3 Attachment #3

DOC Facility Name: Mecklenburg Correctional Facility

Address: P. O. Box 500 Boydton, VA 23917

Telephone #: (434-738-6114 Extension 123) Fax #: 434-738-0080

Offender Name:	<u>DELANEY, GEORGE</u>	DOC #:	<u>324390</u>
DOB:	<u>60</u>	SS#:	<u>71</u>

I hereby authorize: Santaoka VA Beach GENERAL 434-345-8000 757-895-8785  
Name and title of organization/practitioner/person Phone # Fax #

VA Beach VA  
Street Address City State ZIP

to release/use/disclose the following information: (Check all that apply) ☒ Entire Medical Record  
☐ Discharge Summary ☐ Psychiatric Evaluation ☐ Psychological Evaluations  
☐ Consultations ☐ Progress Notes ☐ Physician Orders  
☐ Lab Work ☐ Treatment Plans ☐ Risk Assessments  
☐ History and Physical ☐ Substance Abuse Information ☐ Verbal communication  
☐ Other: \_\_\_\_\_

To: Mecklenburg Correctional Center (434-738-6114) (434-738-0080)  
Name and title of organization/practitioner Phone # Extension: Fax #  
960 Prison Road- P. O. Box 500 Boydton, VA 23917  
Street Address City State ZIP

Purpose of release/use/disclosure of information is: ☒ Diagnosis/Treatment ☐ Discharge Planning ☐ (other) \_\_\_\_\_

As the person signing this authorization, I acknowledge that I am giving permission to the above named individual or facility to disclose and use protected health care information. I have been informed that:

- DOC cannot make the provision of treatment to me conditional upon my signing of this authorization
- The original of this authorization shall be included in my health care record and a notation concerning the persons or agencies to which disclosure was made shall be included with my original records
- I have the right to revoke this authorization at any time. I understand that the revocation is not effective until delivered in writing to the person in possession of my records
- There is a potential for any information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and, therefore, no longer protected to the same extent as such health information was protected by law while solely in the possession of the health care entity.
- If this information is being disclosed from records protected by the Federal substance abuse confidentiality rules (42 CFR part 2), the Federal rules prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by your written authorization or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Unless revoked, this authorization will expire: (specify date or event): 8-22-08

This information may be disclosed effective: ☒ Immediately ☐ \_\_\_\_\_ (specify date)

[Signature] \_\_\_\_\_  
Signature (Offender) Date

B. LAYTON, LPN B. LAYTON, LPN 8-22-07  
Signature (Witness) Printed Name (Witness) Date

cc: Health Record (original); Central Criminal Record

Revision Date:



[ 00199 ]

08/23/2007 12:03 7573958785

RELEASE OF INFORMATION

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Page 1 of 2

## Sentara Healthcare - Confidential Information

PATIENT: GEORGE F DELANEY

DOB: 1/1960

SSN:

ID(s): PTMRN: 229139071

PATIENT NAME:	DELANEY, GEORGE F	ADMIT DATE:	04/05/2007 11:30 PM
AGE:	47y	FACILITY:	Sentara Virginia Beach Gener
GENDER:	M	LOCATION:	UNIT: DISCH
MRN:		ATTENDING:	Gelpi, Juan R

DOCUMENT TYPE:	Discharge Summary	DICTATED BY:	Gelpi, Juan R
SOURCE SYSTEM:	EOIX	DATE DICTATED:	04/13/2007 02:02 PM
FACILITY:	Sentara Virginia Beach	DATE TRANSCRIBED:	04/14/2007 04:27 AM
ACCOUNT NUMBER:	4159657095	SIGNED BY:	Gelpi, Juan R
EXTERN DOC NUMBER:	200704131341263600	STATUS:	Legally Authenticated

## DISCHARGE SUMMARY

## LOCATION OF PATIENT:

Room: 0469 - Sentara Virginia Beach

## DATE OF ADMISSION:

4/5/2007

## DATE OF DISCHARGE:

4/13/2007

## CHIEF COMPLAINT:

Abdominal pain with nausea and vomiting.

## HISTORY OF PRESENT ILLNESS:

The patient is a 47-year-old African American male who presents to Virginia Beach General Emergency Department with complaints of increasing abdominal pain and distention, nausea, and vomiting.

The patient denies any flatus, denies any bowel movements, denies any blood per rectum. Currently resides in jail. He is present with deputy, and the patient is currently cuffed to the bed.

## HOSPITAL COURSE:

The patient was admitted on 4/5/2007 and diagnosed with a small-bowel obstruction. NG tube was placed to low wall suction.

GI consult was obtained, and NG tube with decompression was continued until 4/8/2007. The patient was started on steroids by the gastroenterologist. Actually, he is improved. On 4/9, NG tube gravity trial was completed and was successful. On 4/10/07, the patient was tolerating a clear liquid diet. A small-bowel follow-through was ordered. On 4/11, the small bowel demonstrated some evidence of stricture in the ileum proximal to the area of anastomosis. It was recommended that the patient undergo colonoscopy to further evaluate and for possible dilatation and is planned for 4/12. However, the patient ate 2 full trays for breakfast and was unable to undergo the procedure. The patient's PCA was discontinued, and he was started on p.o.

This information is confidential. Any unauthorized use or disclosure is prohibited by law, and may be subject to disciplinary action and/or prosecution.